

BECHUANALAND PROTECTORATE.ANNUAL MEDICAL AND SANITARY REPORT.1945SECTION I - ADMINISTRATION.STAFF:

On the 24th. October 1945 Sir Walter Johnson, C.M.G., went on leave pending retirement after having filled the post of Director of Medical Services, High Commission Territories, since November 1943. During this time much valuable work had been done in co-ordinating the medical policy of the High Commission Territories in preparation for post war development of medical and health services. The post of Director of Medical Services, High Commission Territories, is not being filled meantime, and Sir Walter Johnson is continuing to act as Medical Adviser to the High Commissioner on a part time basis.

2. Dr. J.W.Pickles, M.B., Ch.B.(Aberdeen), D.T.M. & H.(London), D.P.H. (Aberdeen), was appointed Medical Officer of Health, High Commission Territories, in May 1945, and seconded to the Bechuanaland Protectorate.

3. Three Medical Officers resigned and left the Service during the year and one new appointment was made. The establishment was maintained as far as possible by the employment of a succession of locum tenens Medical Officers.

4. Major M. Altman, S.A.M.C., was seconded to the Territory during January and February by the courtesy of the Director General Medical Services of the Union Defence Force, to assist with plague control measures in the Ngamiland and Chobe Districts.

5. The shortage of hospital sisters continued throughout the year and invaluable assistance in maintaining hospital services was given by married nursing sisters resident in the Territory. The incidence of illness amongst the permanent members of the European Nursing Staff was high and reflected the strain of over work and staff shortage during the war years. Facilities for normal recuperative leave were maintained as far as possible under the circumstances.

6. Sufficient numbers of trained African staff nurses could not be obtained to fill the posts available on the establishment.

SECTION II. - PUBLIC HEALTH.

7. The epidemic of plague occurring at the end of 1944 continued into 1945, but by the beginning of February the epidemic had ceased. Isolated cases of smallpox /...

smallpox were diagnosed during the year, but the population had been protected by vaccination during 1944 and only local measures of isolation, quarantine and vaccination were necessary. In December 1945 a further outbreak of bubonic plague occurred in the northern area of Ngamiland.

8. The posting of a Medical Officer of Health to the Territory is the first step in the establishment of a public health organisation. There is much basic work to be done and initially the legislation dealing with all aspects of the public health has to be overhauled and re-drafted. Draft legislation for the prevention and control of endemic plague was drawn up and submitted towards the end of the year.

9. An application for funds for development of medical and health services was submitted to the Colonial Development and Welfare Fund. In this application minimal health staff was provided for, but as the application was not approved until November 1945, no constructive work could be accomplished by the end of the year.

COMMUNICABLE DISEASES.

PLAGUE.

10. The organisation established at the commencement of the 1944 epidemic continued to function, throughout the year. By the beginning of February the epidemic was at an end, but supervision and control work continued until May. Throughout the epidemic 309 cases were reported with 164 deaths. It is probable that many more cases occurred, particularly as at one stage there was a number of ambulant bubonic cases seen. All the deaths may not have been due to plague as the epidemic took place over many square miles of country, sparsely populated, with poor communications, and reliance was necessarily placed on reports from headmen, store-keepers and other lay members of the community. Whatever the correct figures, however, this disastrous epidemic yielded a very high mortality.

11. During the winter months surveys of the rodent and flea fauna continued and specimens of rodents and fleas were submitted to Mr. D.H.S. Davis, Ecologist of the Union Public Health Department for identification and classification. During May 1945 the Union Public Health Department notified that a rodent epizootic was in progress in the area adjoining the southern Bechuanaland Protectorate border. The Medical Officer of Health and two Rodent Inspectors proceeded to the area and worked in close liaison with the Union Plague Control staff. Much valuable experience was gained and the epizootic was traced through the southern Territory. No cases of human plague were reported but a close watch was kept on the situation until a further outbreak in the endemic area of Ngamiland necessitated the posting of all plague staff to the districts affected.

12. On December 9th. seven deaths from suspected plague were /...

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were reported at a small village near Nōkanen in Ngamiland. Two proved cases of bubonic plague were seen by the Medical Officer, Maun, on December 12th. In all, 18 cases were reported with 16 deaths, during this epidemic, and the cases were all traced to one man who had died of what was presumably pneumonic plague.

13. This outbreak is believed to have been due to a local epizootic occurring amongst the rodent population which was regenerating after the 1944 - 45 epizootic. It occurred in an isolated village community on the edge of the swamps, and by the time the news of the epidemic had filtered through, it was almost over. Energetic control measures were taken in the surrounding villages and there was no recurrence of epidemic conditions, although a few sporadic cases occurred later in surrounding villages.

YELLOW FEVER.

14. The fact that the northern boundaries of the Bechuanaland Protectorate abut on Territories where yellow fever is endemic, rendered investigation of the situation in the Bechuanaland Protectorate imperative. Opportunity arose to collect sera from population groups in the Rakops, Maun, Mōhembo and Chobe districts, and Major Altman, in conjunction with his work during the plague campaign, collected blood for mouse protection tests. These tests were carried out by Major Gear at the South African Institute for Medical Research, Johannesburg, and the results showed that:

- (a) At Rakops there is no evidence of yellow fever;
- (b) At Maun and Chobe there is evidence suggestive of the presence of yellow fever which requires further confirmation of its presence;
- (c) At Mōhembo there is definite evidence of the presence of yellow fever in this area.

15. Further surveys were carried out in June 1945 by the staff of the Department, and the sera sent to the Yellow Fever Institute at Entebbe. Results were obtained as follows:-

Kachikau (Chobe)	Adults 4.1% protective. Children nil.
Maun	Adults 6.9% protective Children nil
Mōhembo	Adults 12.5% protective Children nil
Nōkanen	Adults 3.7% protective Children nil
Tsau	Adults nil Children 4% protective.

These results confirmed that yellow fever had occurred in certain areas in the Northern Bechuanaland Protectorate, and that, pending further and fuller investigation, yellow fever must be considered to be endemic in the Ngamiland and Chobe areas.

16. Plans were then made for a mosquito survey of the Okovango and Chobe river systems to be carried out by Dr. Botha de Meillon of the South African Institute for Medical Research, early in 1946. When the results of this survey are known, measures of control can be decided upon and put into effect. Meantime, protective inoculation of all Europeans in the endemic areas is being proceeded with and visitors to the area will be advised that they should be in possession of a valid certificate of inoculation against yellow fever.

MALARIA.

17. There was no epidemic during the year and only 656 cases with 3 deaths were notified. The distribution of rainfall was such that conditions were not favourable for mosquito breeding. Control measures at Maun, consisting of hut spraying with pyagra and oiling of all permanent pools along the river margin, were carried out. This has produced a sharp drop in the mosquito infestation.

TRACHOMA.

18. Dr. A. Jokl, of Johannesburg, again paid a visit to the Territory and carried out a survey of school and adult population groups, this time in the northern Bechuanaland Protectorate. Trachoma was found to exist in the Francistown, Tsau, Sehitwa and Mohebo areas. An interesting feature of the survey was that at Maun no case of trachoma was seen, whereas at Sehitwa and Tsau some 70 and 100 miles to the south west and west, respectively, a high incidence of infection was noted. Sehitwa and Tsau are inhabited chiefly by Damaras and are on the main traffic route to Angola, from whence come considerable numbers of recruits for mine labour. Maun is inhabited, in the main, by Batawana and there is a river holding permanent water. Dr. Jokl has suggested that a nutritional factor, for example, fish in the diet of the Maun population, may have a bearing on the absence of trachoma at Maun; and that infection in the Tsau - Sehitwa areas, which are relatively waterless and sandy, may have been brought in from the north west.

19. The problem of the prevention and cure of trachoma is essentially bound up with that of regular school medical inspection and treatment. This cannot be attempted with the present establishment of doctors, and until a full staff can be maintained which will permit of regular medical inspection of scholars, no advance can be made.

TRYPANOSOMIASIS

20. Only two cases of sleeping sickness were reported during the year. Fly control measures are now well advanced and such infections as do occur are believed to be contracted in the swamps and away from the centres of population.

SYPHILIS.

21. A sharp drop in the number of first attendances is recorded; 6781 as compared with 7918 in 1944. However, a total of 56,931 injections were given as compared with 50,597 in 1944. No conclusions can be drawn at this stage and it is doubtful if these figures

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are of real significance.

TUBERCULOSIS.

22. The importance of this problem is stressed from year to year and the urgent need for a comprehensive survey increases. Until the incidence and distribution of the disease can be accurately assessed, no balanced plan to combat its spread can be achieved. The return to the Territory of a number of open cases of pulmonary tuberculosis amongst discharged soldiers who served with the African Pioneer Corps in the Middle East, has added another serious factor to an already complex situation.

SECTION III - VITAL STATISTICS.

23.	Total European population	2,174
	Total European births	55
	Total European deaths	22
	Birth rate per 1,000	25.29
	Death rate per 1,000	10.11
	Infant mortality	1 death.

Table showing causes of deaths.

General diseases	2
Nervous system	3
Circulatory system	6
Respiratory system	4
Digestive system	2
Genito-urinary	1
Puerperal state	1
Old age	1
External causes	2

Vital statistics in respect of the Native population are not available.

SECTION IV.

HYGIENE & SANITATION.

24. A Health Inspector was posted to Francistown during the year, and a start was made to tackle the problems of environmental hygiene in this area. It is anticipated that the staff of Health Inspectors will eventually be increased to three, and that under the Medical Officer of Health a preventive service will be built up for the Protectorate as a whole.

MATERNITY & CHILD WELFARE.

25. The first two pupil midwives trained in the Bechuanaland Protectorate passed their examinations for their midwifery certificate. Both did well in their examinations and their results reflected the careful training and tuition given by the Welfare Sister at Serowe.

26. The Mission maternity centres at Serowe, Maun and Ramoutsa continued their valuable work throughout the year. At other centres the work was carried on at the Government hospitals, and there is a steady increase in the number of women availing themselves of the service.

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The Tribal maternity centre at Tonota, established in October 1944, continued its work throughout the year.

SECTION V - HOSPITALS AND DISPENSARIES.

27.

<u>Outpatients:</u>	<u>1944</u>	<u>1945</u>
First attendances	40,480	57,586
Total attendances	189,360	204,498
<u>Inpatients:</u>	4,468	4,562

28. During October 1945 Government took over the hospital at Maun and assumed responsibility for the medical services in Ngamiland and Chobe District. The areas had been served since 1936, by the Zambesi Union Mission of the Seventh Day Adventists. Valuable work had been carried on by the Mission, under subsidy from Government during this period, but the public health problems of the area required the posting of Government personnel to Ngamiland. The Mission found that the increasing volume of work was beyond its resources, and decided that it was not possible to continue with the medical aspect of its mission work in Ngamiland.

29. Nurse training continued at Government and Mission Hospitals, and examinations were held during the year.

30. Tsau Health Centre, established during the plague epidemic, at the end of 1944, did valuable work during the year. The African Senior Health Assistant in charge conducts clinics at Tsau, Nokanen and Sehitwa, and 3,575 attendances were recorded, of which 2,204 were first attendances. This is an encouraging beginning in a primitive area, and the Senior Health Assistant is rapidly gaining the confidence of the people.

PRISONS & ASYLUMS.

31. The health of prisoners was good throughout the year. Regular weekly medical inspection is carried out of all prisoners and of the prison buildings.

32. There is no asylum in the Bechuanaland Protectorate and mental patients requiring institutional treatment are cared for in mental hospitals in the Union of South Africa. Accommodation in the Union is very limited, however, and plans are under way for the building of a small Mental Home in the Bechuanaland Protectorate.

FINANCE.

32.	Total Revenue from Hospital and Dispensary Fees	£ 2,621
	Total Ordinary Expenditure of Medical Department	49,077

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Total Ordinary Revenue of Bechuanaland Protectorate	£ 416,080
Proportion of Ordinary Medical Expenditure to Ordinary revenue of Protectorate	11.79%

33. In conclusion, a tribute is paid to the devotion to duty of those engaged in medical work in the Territory. During a difficult year, hampered by shortage of staff and supplies, the work has gone ahead with an enthusiasm that reflects the ability and energy of those engaged in the work in the field.

D.J.M.MACKENZIE.

DIRECTOR OF MEDICAL SERVICES.

Mafeking.



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A P P E N D I X "A"

RETURN OF DISEASES - OUTPATIENTS.

FOR THE YEAR 1945

<u>DISEASES BY SYSTEMS OR GROUPS.</u>	<u>MALE</u>	<u>FEMALE</u>
1. Epidemic, Endemic and Infectious Diseases	4,478	6,428
2. General Diseases not mentioned above	1,031	2,265
3. Affections of the Nervous System and Organs of the Senses	931	1,278
4. Affections of the Circulatory System	236	344
5. Affections of the Respiratory System	1,860	2,847
6. Diseases of the Digestive System	2,603	5,331
7. Diseases of the Genito-urinary System (non-venereal)	354	4,430
8. Puerperal State	-	1,833
9. Affections of the Skin and Cellular Tissues	662	1,288
10. Diseases of Bones and Organs of Locomotion (other than tuberculous)	249	456
11. Malformations	17	8
12. Diseases of Infancy	116	124
13. Affections of Old Age	8	11
14. Affections produced by External Causes	1,120	738
15. Ill-defined Diseases	134	338
16. Diseases, the total of which have not caused 10 deaths	2	-
	<u>13,801</u>	<u>27,719</u>
No details, only total figures available for Maun, Tsau, Ramoutsa and Tonota, bringing the totals to	<u>17,033</u>	<u>34,553.</u>



A P P E N D I X "B"

RETURN OF DISEASES AND DEATHS - INPATIENTS.

FOR THE YEAR 1945

	Remaining in Hospital 1944	Yearly Total <u>Admis- Deaths</u> <u>sions</u>		Total cases treated	Remaining in Hospital 1945
1. Epidemic, Endemic and Infectious Diseases	41	695	36	736	28
2. General Diseases not mentioned above	6	284	15	290	11
3. Affections of the Ner- vous System and Organs of the Senses	1	190	6	191	4
4. Affections of the Circulatory System	3	138	18	141	7
5. Affections of the Respiratory System	10	642	29	652	8
6. Diseases of the Digestive System	5	434	11	439	2
7. Diseases of the Genito- urinary System (non- venereal)	12	373	6	385	9
8. Puerperal State	6	836	6	842	7
9. Affections of the Skin and Cellular Tissues	5	116	3	121	1
10. Diseases of Bones and Organs of Locomotion (other than Tuber- culous)	9	66	-	75	4
11. Malformations	1	9	1	10	-
12. Diseases of Infancy	-	53	11	53	1
13. Affections of Old Age	-	2	-	2	-
14. Affections produced by external causes	25	487	16	512	25
15. Ill-defined Diseases	5	33	3	38	1
16. Diseases, the total of which have not caused 10 deaths	2	73	-	75	-
TOTALS:	131	4,431	161	4,562	108